

THE NEGRO AS A PROBLEM IN PUBLIC HEALTH CHARITY.

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In considering the question of the negro as a factor in public health, first let us look into the type of diseases with which he is most commonly affected. Dr. C. E. Terry in his article read before the American Public Health Association in Washington in 1912 and before the Southern Medical Association in 1913 at Lexington, Ky., shows that tuberculosis and other respiratory diseases and still-births cause a death-rate of 917.9 per 100,000 against a rate of 354.7 for whites. The Savannah Board of Health reports show for 1913 the death-rate from the same causes to have been 1,185 per 100,000 for negroes against 375 per 100,000 for whites. The disease most prevalent among the negroes, however, does not show in these figures.

I have found from personal experience, and I am sure that those doctors present who have had the disagreeable duty of treating any large number of the negro race have found, that venereal diseases are present in over 50 per cent. of those presenting themselves for treatment. Syphilis has as much to do with the high death-rate in the negro as any other single factor. It does not show on the death certificate, but as a complication of bronchitis, pneumonia and tuberculosis, it reduces the chance of a successful fight against these diseases, and as a cause of arterio sclerosis, endocarditis, cerebral hemorrhage, nephritis and still-births it seems to be ever present.

As city physician during three years I treated 1,426 negroes, 486 of whom (about one third) had syphilis in some evident form, to say nothing of those who came to me with minor injuries, biliousness, etc., who only paid one or two visits and in whom the disease was latent, and in whom I did not make the diagnosis. I personally believe that more than 50 per cent. of the colored race suffer with this disease, either inherited or acquired. If this be the case, as I believe it is, syphilis is almost *the* important factor in the high death-rate of the negro race.

How much through the negro race the white race is affected with this disease I am unable to state. I have never seen a case in a white contracted innocently from a negro and have heard of but few. This goes to prove that syphilis must be very slightly contagious in ordinary daily contact. The negroes live in our homes, care for our children, wash our clothing, cook our food, and if syphilis were very contagious from ordinary contact

numerous cases of syphilis of the innocent among the whites would have been reported.

As long as conditions exist as they do at present in negro homes, schools and hospitals, the prevalence of infectious diseases, especially such diseases as syphilis, tuberculosis, respiratory diseases, typhoid and malaria will increase rather than diminish. Negroes do not seem to be particularly subject to other infectious diseases, except smallpox, and vaccination is the prevention for it.

Let us look briefly into these conditions. I can speak from personal knowledge only of conditions in Savannah, but I am sure that conditions here are no worse than in the average southern city.

Their homes are usually one-story cottages, built in long rows of tenements, close to the ground, with small windows. In these homes a large number of people crowd, so that the negro section is very densely populated. In the district where the negroes live the house drainage system has not been installed as yet in all the houses, although rapidly being installed, and there is still a good sprinkling of the old-fashioned privies.

Living under such conditions typhoid, while never to my knowledge epidemic among them in Savannah because they cannot afford milk, and the water supply is fine, is always endemic and a constant source of danger to the city with the added danger of an epidemic among the whites through negro carriers working in a dairy.

The negroes hate cold, and it is almost impossible to get them as yet to open the windows of their homes in winter or if they are sick. Crowded as they are and fearing ventilation no wonder tuberculosis and respiratory diseases are so prevalent.

Into these homes our washing goes, and I have seen it more than once on the sick bed of a tuberculous patient. From these homes negroes come into our homes and, as our servants, are in most intimate contact with us. I know of one man who in the course of two years had three servants who had tuberculosis. He was a doctor and when he heard a suspicious cough had his servants examined, and the tubercle bacilli were found. Most employers, not realizing the danger, would fail to have the examination made.

Most of the negro houses in Savannah are on the outskirts of the city, in or near the district where the drainage is not perfect (this condition here is also being improved at present). The stagnant water in the low ground breeds mosquitoes. I have found in my practice that the negro is not immune to malaria but is moderately susceptible. He therefore is a carrier of this disease as well, and a frequent carrier in my opinion.

Their Hospitals.—It is no surprise to me that the negro is afraid of a hospital. The negro hospitals I have seen are warranted to repel and even terrify people less superstitious than the negro. In Savannah I know of

no negro poorhouse, so that the hospitals have to take care of the aged, infirm, paralyzed and blind. As a result they are horribly overcrowded. In the largest colored hospital in Savannah frequently when night comes there are ten or fifteen more patients than beds, and no matter how hot the weather two patients have to sleep in a single bed, and some on the floor or in chairs.

During the six months, April to September, 1914, inclusive, on 667 occasions patients were without individual beds. In April there were **only** five days on which there were sufficient beds on which to accommodate **all** the patients. In May, three; in June, six; in July, ten; in August **on no** day were there sufficient beds. Since August, by the establishing of a house surgeon, and having such surgical patients leave the hospital as could and return for dressings, the wards have been kept from overcrowding as in previous months. In September there were only four days in which all the patients did not have beds, and in October one.

By establishing a negro free out-patient department, and a negro poorhouse the present hospital facilities might be sufficient for a few years more.

The South has a tremendous burden in the negro, and it is remarkable how much is being done with the funds available, but if healthy conditions are to be established here much more must be done.

Their Schools.—Savannah has just completed another modern school building for negroes, but in 1913 out of 10,699 colored children between the age of six and eighteen there was only provisions in the public school for 4,086.

The South, as I have said, is carrying a heavy burden. In Chatham County the tax returns for 1914 show for the whites, \$42,508,970.00; the negroes, \$1,160,839.00. The taxes paid in by the negroes amount to almost nothing, and he gets an infinitely greater proportion out of the state, county, and city, than he pays into it, and it is claimed by some that we are generous to a point of extravagance with him. Suppose, however, that they were only given their dues. Suppose that we even went further and that as an editorial in the *Columbia State* recommended, the negro not be educated at all until education was brought to the door of every white boy and girl in the state, so that no negro could have any advantage of education over any white no matter how poor the opportunity of the whites had been. Suppose further that this idea was carried out in all the public charities, in the schools, hospitals, poorhouses, district nursing, etc.

Suppose that under such conditions every white had been given every advantage it was possible to give him, the negro none. Can you imagine that a city under such conditions could be a healthy one? Half the population in absolute ignorance; poverty, disease and immorality infinitely worse than they are at present. This would drag the other half down.

No one can deny that such a state of affairs would be bad for a community. It is impossible to keep one half of the community clean, with the other half dirty, one half moral with the other half rotten, one half healthy with the other riddled with disease.

The difference between this imaginary state of affairs and the present is only one of degree, and what is so evidently bad for the community under these exaggerated conditions is bad for it to a less and less extent only as the conditions approach the ideal.

Every dollar spent in improving the conditions of the negro race benefits the whites as well. If the whites and negroes live in the same community

STATISTICS FOR YEAR 1913.

	White, 37,000.		Colored, 42,000.	
	Rate per 100,000.		Rate per 100,000.	
Still-births	48	129.73	230	547.62
RESPIRATORY DISEASES:				
Pneumonia	32	86.48	84	200.00
Broncho pneumonia	6	16.27	16	38.09
Tuberculosis	48	129.73	135	321.42
Whooping-cough	1	2.70	1	2.38
Bronchitis	1	2.70	10	23.80
Influenza	3	8.10	20	47.62
Pleurisy			2	4.76
Total Respiratory Diseases	139	375.65	498	1185.61

TEN-YEAR INTERVALS.

	Tuberculosis.				Pneumonia.			
	White. Number of deaths.	Colored. Number of deaths.	White. Rate per 100,000.	Colored. Rate per 100,000.	White. Number of deaths.	Colored. Number of deaths.	White. Rate per 100,000.	Colored. Rate per 100,000.
1874-1883	549	975	346.07	610.35
1884-1893	543	1,092	277.55	506.99	157	480	80.25	222.85
1894-1903	541	1,333	214.46	499.20	289	653	114.57	238.97
1904-1913	472	1,369	52.41	421.58	379	968	122.33	298.20

the health of the whites cannot improve unless the health of the colored also improves. The health of the negro cannot deteriorate without dragging down the whites.

Selfishness, therefore, even if there were not other motives, demands that the negro be provided with better public charities, better schools, especially industrial schools, better hospitals, and the out-patient departments and visiting nurses that should go with them, better poorhouses or homes for the aged and infirm, and last but not least better laws governing their dwellings and the crowded conditions existing in them.

It will take time to accomplish these advances on account of the large sums of money required to build, equip and run such institutions, but if the absolute necessity of such institutions be constantly impressed on the public their accomplishments will be brought about at a much earlier date.

By themselves the negroes will not better themselves. Where they came from they were savages, left to themselves they remain little better than savages. Their nature is such that benefits such as public charities provide, have to be given to them, almost forced on them. It takes much persuasion to get one into a hospital.

The Japanese are a people of a different type. Already having a high grade of civilization, when brought in contact with our customs, they did not have to be forced on them. Being enterprising they adopted much of ours and in a few decades have equaled and even outstripped us in many ways. The negro in closer contact and with better opportunities remains down.

By the education of the negro he may be made a better citizen, and a more useful member of the community, and come to live in better homes and more healthy surroundings. Instead of being a burden he may come in time to look after himself. This time will be a long time, generations of time. Until this comes to pass it is necessary that the whites, out of their own pockets, in order to protect themselves, furnish the negro with public charities and better public charities than exist at present.

Finally, this paper would fail to accomplish its purpose, if it did not contain a recommendation that increased facilities should be afforded to furnish the negro with better schools and with better hospitals. It must also be recognized that the presence of this inferior race puts a burden on the white race, a burden that must be met with increased appropriations for public health purposes. This must rest on the moral obligation of a higher race to an inferior race dependent upon it; and further on the practical and selfish ground that it is impossible to protect the white people and neglect the black.